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Dated March 1828

No 8th

Inaugural Elegy

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Phlegmasia Dolens

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On
Phlegmasia Dolens,

The disease which constitutes the subject of the following essay has generally been called Phlegmasia Dolens, though numerous other appellations have been given to it by various writers.

As Cachymen Lymphatica. Adoma Sactum. Masarea Serosa. Cruritis. &c.

But I shall without further prelude, pass to the consideration of the disease itself, and not enter into any investigation of the propriety of these different synonymous.

It is a disease comparatively of rare occurrence and has for considerable length of time engaged the attention of Medical men, and although there is every reason for supposing, that the disease has existed from the earliest period of society, and must have ^{been} coeval with those incident to the

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puerperal state, little attention appears to have been paid to it by the Ancients.

Mr. White of Manchester in his inquiry says— That out of 1897 women delivered at the Westminster general Dispensary, five only were seized with it, and of 8000 women delivered at the Manchester Lying-in Hospital, and their own Houses, no more than four were affected by this complaint.

General History.

Phlegmasia Dolens principally affects women in the puerperal state, though to this general rule there are a few exceptions, cases of the disease having appeared in the male and in the female independantly of the parturient state. It is very irregular in its occurrence, making its appearance in some cases in the course of twenty four or forty eight hours after delivery and at other times, not until a month or even six weeks have elapsed; but in general the attack takes

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place from the tenth to the fifteenth day after parturition.

It never attacks both limbs at once though frequently transmits itself from one to the other occurring in all situations, in the country as well as the city, all ranks and all habits, the rich, the poor, the robust and the delicate, those who give such and those who do not, all being liable to an attack of it. It is sudden and usually occurs before the patient awakes in the last and most trying part of the

In the commencement of the disease the patient generally complains of a pain in the groin of one side a considerable degree of Pyrexia accompanying not unfrequently ushered in by a slight chill.

The part affected soon becomes swollen, very tense with more or less pain extending from the groin down to the inner side of the thigh to the leg. The appearance of the limb externally is white and pallid internally glossy. The swelling does

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not extend beyond the Labium Prudenti of the of
feet side but gradually progressing downwards
involves the whole limb from the groin to the
foot frequently attaining double the size of the
sound or becoming. It is not attended with external
signs of inflammation. There being no redness
but is hard, smooth, glabrous, pale and equal
except where the conglobate glands are situated,
which are corded and knotty as in the groin, the
hands, ... the back and ... fleshy parts of the
leg.¹¹³ when pressed upon it is elastic, no impres-
sion remaining after the pressure is removed.

If punctured a small quantity of fluid exudes
which soon coagulates.

Though I have described the disease as com-
mencing at the groin this is not universally the
case, for there are instances in which it has been
known to commence in the foot, the middle of
the leg and the knee but, this in a practical

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point of view is little consequence for in a short time the disease extends through out the extremity and presents the appearance above represented.

The termination of this disease is in resolution commencing with diminution of pain in the Iliac and Iuginal regions together with a subsidence of the swelling and return of the lochia and lacteal discharges if they have been suppressed. It very seldom terminates in suppuration and when it does is probably the result of improper treatment.

CauseS

The older writers who have noticed this complaint considered it as a Morbus swelling "from a suppression or a diminution of the uterine or lacteal discharge"; or a reflex of the lochia upon the part. This position is by no means satisfactory for by it how can we account for its appearance in pregnant females, or in men; or why may I

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ask) does not the reflux of the lochia occur in the
parts, or has the lower extremities any particular
attraction for these fluids.

Mr. White in his treatise on this complaint
observes " This disorder is owing to the Child's head
pressing the vessel or vessels which arise from one
of the lower extremities, against the lumen of the
pelvis, during a labour pain, so as to stop the
progress of the lymph; that the number of valves
will effectually prevent it from regurgitating
and if the head continues any time in that
situation while the lymph is driven on through
the valves by the peristaltic contraction of the
coats of its vessels, and the strong vibrations of the
inguinal artery, though its coats should be allowed
to be stronger than those of the blood vessels, it
must at last burst and shed its contents. When
the orifice made in the lymphatic is healed, and
the diameter of the tube is constricted, or totally closed

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by the cicatrix, the lymph is retained in the lymphatic vessels and glands of the limb, and labia pudendi, and distend them to such a degree and so suddenly, as to occasion great pain and swelling which always begins in the part next to that in which the obstruction is formed, and where the obstruction is in part wholly relieved, or the lymph has found a fresh passage, the part next to it is consequently relieved.

That the disease is dependant on inflammation of the glands and lymphatic vessels. I fully believe, but to the aforesaid manner of accounting for the inflammation. I will offer some objections.

1st. That it does not account for its appearance after easy and expeditious labours in which no such violent pressure did exist.

2ndly. That the pressure being on one side, in only how does he account for its subsequent appearance on the other limb for if he admits one pressure to have been made the disease should

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Dr. H. C.
page 300.
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have appeared in each extremity simultaneously?
and not as I have remarked first in one and then
in the other.

3^o If we admit the rupture to take place during
parturition what (may I ask) becomes of the
effused fluid, no swelling appearing for the space
of ten or fifteen days. If this was the case the disease
should issue immediately.

4^o That swelling does not universally make its
first appearance in the groin which it should do
if a rupture of the lymphatics took place there.

5^o That it has appeared in the female con-
pendant of every state connected with partur-
ition.

Dr. Hull in his essay on this disease says—
page 305: That the proximate cause is an in-
flammation of the muscles, Cellular Membrane,
and inferior surface of the cutis, and in some
cases perhaps the inflammation may be communicated

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from these parts to the large blood vessels, nerves
and the lymphatic vessels and glands situated in
them.

There is no doubt but Dr. Hull in his ingenious
estimate has included the parts affected; but he
has confounded those whose actions are very
dissimilar and totally distinct. His argument
seems to have thrown very little light on the sub-
ject and does not appear worthy of much atten-
tion.

Mr. Page of Gloucester, has considered the proximate
cause of the swelling to be seated in the lymphatic
glands. "I will not contend," he says, "that it must
be so universally; because there is a probability
that the original seat of obstruction and inflam-
mation may in some instances be in the princi-
pal trunks of the absorbents, but the phenomena
consequent to the inflammation of the trunks, will
be the same whether it begins immediately in the

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bursts themselves on primarily in the glands through which they pass:

Dr Denman is nearly of the same opinion with Mr Tyre. He considers it as an affection of the whole glandular and lymphatic system of the extremity.

Dr Turner, in his, medical Histories &c Vol iii. says - That the proximate cause is an inflammatory affection of the absorbents of the limb. The tense swelling of the limb, he observes, clearly marks the distinction between the claps of sweat affected and those of the sanguiferous system the absorbents are rendered incapable of performing their functions by the thickening of the vessels and the obstruction of the glands but the arteries being in a sound state, the exhalations continue to pour out their fluid, which, not being absorbed, must stagnate in the cellular membrane.

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Having examined in a concise manner the most popular theories upon this disorder, I conclude by saying, that I fully concur with Tige, Denman and Forier in considering it to be an inflammatory disease affecting particularly the lymphatics of the extremity.

Treatment; The indications are --
1st To lessen arterial action and relieve the pain
2ndly To reduce the swelling or promote absorption.

To fulfill the first indication, venesection must be had recourse to. It may be necessary to repeat the bleeding several times, but this and the quantity to be extracted will depend upon the judgement of the Physician and the Constitution of the patient; Cooperating with venesection, cathartics will be found to act very beneficially; of these the Mercurial kind should be administered in the first onset of the disease, afterwards the Neutral salts may

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be substituted to keep the bowels gently open.
Opium may be given if necessary to relieve pain.
Having by these means succeeded in lessening
the tone of the arterial system we turn our
attention to the second indication; which is
to promote the absorption of the effused fluids.

Diaphoretics may be resorted to for this purpose
some one of the antimonial preparations may
be used. The Tart. Emet. is generally preferred
and every advantage may be derived from it.
It may be given either in watery solution or
in the form of Minims Antimonials, or in combi-
nation with Nitre in the proportion of one of
the Nitre to one $\frac{1}{4}$ or $\frac{1}{8}$ of Tart. Emet and re-
peat every four or six hours.

Strict attention should be paid to the diet of the
patient it should consist of Parada. Lapuccia
& requiring perfect rest and a horizontal position.
To complete the second indication local applica-

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tions will frequently be necessary and should not be neglected.

The application of a Blister to the upper and inner part of the thigh or to the calf of the leg is frequently attended with great benefit.

The warm bath or the sponging may be of service, or the vapour bath made by plunging hot bricks into vinegar then wrapping them in a Cloth & placing them under the bed clothes.

Local blood letting by leeches has been advised by Dr Ferriar.

The disease still continuing after the above means have been tried, we must resort to Mercury given so as to reduce ptysalism. This seldom fails in producing relief. Calomel conjoined with squills is a favorite prescription of Dr Hossack with which he thinks he has often produced the best effects.

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The treatment for the second indication consists principally in local applications, but we must keep an eye to the general system.

In case of great debility Tonics will be proper or if there exists considerable feeble action, As, must be again resorted to. when there is irritability of the nervous system Camphor will be found a very good remedy it may be conjoined with Nitre in the proportion of one part of the former to $\frac{1}{2}$ of the latter which may be repeated if necessary, two or three times during the day. The flannel roller applied from the foot to the groin is a valuable local application. Friction with soft bands, Hand Oil, Camphorated linament cloths wrung out of hot vinegar applied to the groins are highly recommended.

The patient must not be allowed to stand or walk too much and we should advise the

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roller or bandage to be continued for a considerable time after the patient considers herself well.

Importance of

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